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TRADEME		Complete if Known					
		Application Number	09/515,699				
TRANSMITTAL FORM		Filing Date	February 29, 2000	000			
(to be used for all correspondence after initial filing)		First Named Inventor	MINER, Cameron				
		Group Art Unit	2756				
		Examiner Name					
TOTAL NUMBER OF PAGES IN THIS SUBMISSION	13	Attorney Docket No.	AM9-99-0227				

		ENCLO	SURES (check all that a	pply)			
1 I V I	ransmittal Form (1 page)	Recoi	nment Papers and dation Cover Sheets n Application)		After Allowance Communication to Group		
X	Fee Attached (1 check)	i i i	ing(s) eets of formal drawings		Appeal Communication to Board of Appe and Interferences		
1 1 1 2 1	ment / Response (9 pages)	Licens	sing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
	After Final	1	n Checklist and panying Petition		Proprietary Information		
	n of Time Request (1 page)		nvert a ional Application		Status Letter		
Express Abandonment Request		Power of Attorney, Revocation Change of Correspondence Address (1 page)		X	Additional Enclosure(s) (please identify below):		
Information Disclosure Statement (1 page) and Form 1449A (2 pages)  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application (1 page)  Response to Missing Parts under 37 CFR 1.52 or 1.53		Terminal Disclaimer			Certificate of mailing     Return post card (1 page)		
		Remarks			RECEIVED		
			J		RECEIVED DEC 0 1 2000		
					Technology Center 2100		
	SIGN	ATURE OF APP	LICANT, ATTORNEY, O	R AGENT			
Firm or Individual name	Samuel A. Kassa	atly	i e				
Signature	8004	ant					
Date	November 15, 2000						

\$ 404.00

## FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Complete if Known Application Number 09/515,699 Filing Date February 29, 2000 First Named Inventor MINER, Cameron Group Art Unit 2756 Examiner Name Attorney Docket No. AM9-99-0227

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					ed)	
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. ADI	3. ADDITIONAL FEES			Fee Descriptor C 0 Surcharge - total filling fee or oath		
	Large	Entity	Smal	l Entity		CIVEN	
Deposit Account Number 50-0219	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descript	C o Fee Part	
Deposit Account Name SAMUEL A. KASSATLY	105	130	205	65	Surcharge - the filing fee oath	2000 1 2000	
X Charge Any Additional Charge the Issue Fee Set in 37	127	50	227	25	Surcharge - late provision filing fee or cover sheet.	29y Center 210-	
CFR 1.16 and 1.17 Notice of Allowance, 37 CFR	139	130	139	130	Non-English specification		
1.311(b) Payment Enclosed	147	2,460	147	2,460	For filing a request for reexamination		
2. Money Order Other	112	900*	112	900*	Requesting Publication of prior to examiner action	SIR	
C Older C	113	1,790*	113	1,790*	Requesting Publication of after examiner action	SIR	
FEE CALCUALTION (fees effective 10/01/96)	115	110	215	55	Extension for response wi	thin	
1. FILING FEE Large Entity Small Entity	116	400	216	200	Extension for response wi second month	thin	
Fee   Fee	117	950	217	475	Extension for response withird month	thin	
101 710 201 355 Utility filing fee	118	1,470	218	735	Extension for response wi fourth month	thin	
106 320 206 160 Design filing fee 107 490 207 245 Plant filing fee	119	300	219	150	Notice of Appeal		
108 760 208 380 Reissue filing fee 114 150 214 75 Provisional filing fee	120	300	220	150	Filing a brief in support of an appeal		
SUBTOTAL (1) (\$) 0.00	121	260	221	130	Request for oral hearing		
Fee from Fee paid	138	1,470	138	1,470	Petition to institute a public use proceeding		
Total Claims    Total Claims	140	110	240	55	Petition to revive unavoidably abandoned application		
Multiple Dependent Claims  Large Entity  Fee Fee Fee Fee Fee Pee Description	141	1,290	241	645	Petition to revive unintentionally abandoned application		
Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20	142	1,290	242	645	Utility issue fee (or reissue)		
102 80 202 40 Independent claims in excess of 3	143	440	243	220	Design issue fee		
104 270 204 135 Multiple dependent claims							
109 80 209 40 Reissue independent claims over original patent	Other fee (	(specify)					
110 18 210 9 Reissue claims in excess of 20 and over original patent	Other fee (						
SUBTOTAL (2) (\$) 404.00	* Reduc	ed by Basic	Filing Fee F	Paid	SUBTOTAL (3)	(\$) 0.00	
SUBMITTED BY					Complete (if a	pplicable)	
Typed or Printed Name Samuel Kassatly					Reg. Number	32,247	
Signature MU (LLA)		Da	ate 11/	15/2000	Deposit Account User ID		